Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

PO BOX 700311
SAN ANTONIO TX 78270

COMBINED CHIROPRACTIC SERVICES & REHABILITATION, INC.

Respondent Name

LIBERTY INSURANCE CORP

Carrier's Austin Representative Box

Box Number 01

MFDR Tracking Number

M4-12-1790-01

MFDR Date Received

JANUARY 25, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Please review bills that we resubmitted to your for Reconsideration. Included you will find all HICFs' and proper documentation along with the certification and/or license that DR. Cary Davis, DC is a licensed practitioner to perform this test in the Worker Compensation System in the State of Texas. The patient was referred from her treating doctor DR. Douglas W. Burke, DC to Dr. Cary Davis DC to have the EMG_NCV performed. We have established medical necessity by his treating doctor Douglas W. Burke DC."

Amount in Dispute: $2395.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The billing provider is Cary Davis DC. The physician who performed the testing is Edwin Green MD. The bill was appropriately denied as Cary Davis did is not listed as the physician who performed the service as documented in the attached report."

Response Submitted by: : Liberty Mutual Insurance Co., 303 Jesse Jewell Parkway SE, Suite 500, Gainesville, GA 30501

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 5, 2011	CPT Code 95900-59 (6) - Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study	$690.00	$0.00
	CPT Code 95903-59 (4) - Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study	$460.00	$0.00
	CPT Code 95904-59 (6) - Nerve conduction, amplitude and latency/velocity study, each nerve; sensory	$690.00	$0.00
	CPT Code 95934-59 (2) - H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle	$230.00	$0.00
	CPT Code 95861 - Needle electromyography; 2 extremities with or without related paraspinal areas	$250.00	$0.00

	HCPCS Code A4556 (6) - Electrodes (e.g., apnea monitor), per pair	$30.00	$0.00
	HCPCS Code A4215 - Needle, sterile, any size, each	$5.00	$0.00
	HCPCS Code A4558 - Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz	$5.00	$0.00
	CPT Code 99211-25 - Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	$35.00	$0.00
TOTAL		$2395.00	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307, effective May 25, 2008, sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits dated September 20, 2011
   - X274-This provider is not documented as providing the billed service.
   - 150- Payment adjusted because the payer deems the information submitted does not support this level of service.
   - X901-Documentation does not support level of service billed.
   - D20-Claim/Service missing service/product information.
   - B291-This is a bundled or non covered procedure based on Medicare guidelines; no separate payment allowed.

   Explanation of benefits dated December 21, 2011
   - X055-This charge appears to be for technical fee only. Appropriate modifier is needed to accurately review this charge. For reconsideration please submit appeal with EOP and requested information.
   - X274-This provider is not documented as providing the billed service.
   - B291-This is a bundled or non covered procedure based on Medicare guidelines; no separate payment allowed.
   - X598-Claim has been re-evaluated based on additional documentation submitted; no additional payment due.
   - 150- Payment adjusted because the payer deems the information submitted does not support this level of service.

Issues

1. Does the documentation support the level of service billed for CPT codes 95900, 95903, 95904, 99354, and 95861?
2. Are HCPCS codes A4556, A4215 and A4558 included in another service/procedure billed on August 5, 2011?
3. Does the documentation support a separate identifiable Evaluation and Management service? Is the requestor entitled to reimbursement for CPT code 99211-25?

Findings

1. According to the explanation of benefits, CPT codes 95900, 95904, 95903, 95934, and 95861 were denied reimbursement based upon reason codes "X274-This provider is not documented as providing the billed service"; X901-Documentation does not support level of service billed"; and "150- Payment adjusted because

the payer deems the information submitted does not support this level of service."

A review of the submitted documentation indicates that the August 5, 2011 nerve studies interpretation report was signed by Edwin Green, MD from Physicians Data LLC.

The August 5, 2011, NeuroDynamics report is unsigned and does not identify the healthcare provider that performed the testing.

A review of the submitted medical bill indicates that Cary Davis DC billed for the whole procedure. The documentation does not support that Dr. Davis performed the whole procedure for the disputed services. Therefore, the documentation does not support the level of service billed. As a result, reimbursement is not recommended.

2. The respondent denied reimbursement for HCPCS codes A4556, A4215 and A4558 based upon reason codes "B291-This is a bundled or non covered procedure based on Medicare guidelines; no separate payment allowed"; and "D20-Claim/Service missing service/product information".

   Per Medicare rules HCPCS codes A4556 and A4558 are bundled codes and payment allowance is included in another service; therefore, reimbursement is not recommended.

   Per Medicare rules HCPCS code A4215 is not covered by Medicare in any payment system; therefore, reimbursement is not recommended.

3. According to the explanation of benefits the respondent denied reimbursement for the office visit, CPT code 99211, based upon reason codes "X274-This provider is not documented as providing the billed service".

   Dr. Davis appended modifier 25 to code 99211 to identify a significant, separate evaluation and management service.

   Modifier 25 is defined as "It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (see Evaluation and Management Services Guidelines for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service."

   A review of the submitted documentation finds that Dr. Davis did not submit a copy of the office visit report to support billing of CPT code 99211-25; therefore, this provider is not documented as providing the billed service. As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	7/11/2012 Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC

Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.